

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V30199

1. Entity Name

HEALTHCARE BILLING ASSOCIATES, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90018 035 \*\*\*150.00

Principal Place of Business

15120 COUNTY LINE ROAD  
SPRING HILL FL 34610  
US

Mailing Address

15120 COUNTY LINE ROAD  
SPRING HILL FL 34610-6771  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3129471

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KNOWLES, LA CHAN  
15120 COUNTY LINE ROAD  
SPRING HILL FL 34610

7. Name and Address of New Registered Agent

Name Rosas Gregory  
Street Address (P.O. Box Number is Not Acceptable)  
3670 Trophy Blvd  
City New Port Richey FL Zip Code 34655

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/2000

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete  
NAME ROSAS, GREGORY  
STREET ADDRESS 3670 TROPHY BLVD  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE V ☒ Delete  
NAME KNOWLES, LA CHAN  
STREET ADDRESS 3412 JAMAIS WOOD WAY  
CITY-ST-ZIP TAMPA FL 33618

TITLE S ☒ Delete  
NAME KNOWLES, LA CHAN  
STREET ADDRESS 3401 N. LAKEVIEW DR. #306  
CITY-ST-ZIP TAMPA FL

TITLE T ☐ Delete  
NAME ROSAS, GREGORY  
STREET ADDRESS 7207 FORESTESE CT.  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☒ Change ☐ Addition  
NAME Rosas Gregory  
STREET ADDRESS 3670 Trophy Blvd  
CITY-ST-ZIP NPR FL 34655

TITLE S ☒ Change ☐ Addition  
NAME Rosas Gregory  
STREET ADDRESS 3670 Trophy Blvd  
CITY-ST-ZIP NPR FL 34655

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3670 Trophy Blvd  
CITY-ST-ZIP New Port Richey FL 34655

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/2000

727-379-0202

CR2E034 (9/99)